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APPLICANTS  
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\*\* CONTINUING DATA \*\*\*\*\*  
*None W*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None W*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 06/02/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UT	SHEETS DRAWING 4	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>W</i> Examiner's Signature	Initials <i>W</i>		

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TITLE  
 Methods and systems for calibrating medical imaging devices

FILING FEE  RECEIVED 806	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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